



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE APPROPRIATIONS COMMITTEE

March 23, 2010

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Governor's Bill No. 5016 - An Act Making Deficiency Appropriations for the Fiscal Year Ending June 30, 2010.

Good afternoon Senator Harp, Representative Geragosian, and members of the Appropriations Committee. I am Norma D. Gyle, Deputy Commissioner of the Department of Public Health, and I am here today to present testimony on DPH's anticipated budgetary deficiencies for fiscal year 2010.

As you are aware, the adopted budget for fiscal year 2010 included \$3 million in 'reinvention savings' for personal services that were to be achieved through administrative efficiencies within the department. Although the agency was able to achieve some savings, mainly through the retirement incentive program, the agency was unable to achieve the full savings due to bargaining unit agreements. As a result, DPH projects a \$2.2 million deficiency in personal services for fiscal year 2010.

In the other expense line item, DPH anticipates a deficiency of approximately \$1,575,000, as a result of funding reductions that were necessary in order to implement the FY10 adopted budget. The anticipated deficiency represents funding that is necessary to continue essential programs through the end of the fiscal year. In particular, funding is necessary to support newborn screening testing and to ensure daycare and camp inspection programs that address children's safety can continue. Funding is also needed to support nursing home inspections. Without additional funding for these and general activities, the Department of Public Health will not be capable of keeping our mission-critical functions operational and servicing the people of the State of Connecticut.

Lastly, the agency also anticipates a deficiency in the Community Health Services account. In January, the Finance Advisory Committee approved a transfer of \$920,500 from the Community Health Services account to the X-Ray Screening and Tuberculosis account in order to address cash flow needs to pay existing and future invoices from professional healthcare providers. Under the provisions of CGS-19a-255, DPH is the payer of last resort for individuals infected with tuberculosis. While the approved transfer was necessary to ensure continued services, the transfer created a deficiency in the Community Health Services account that will need to be addressed to ensure contractors receive their appropriate payments.

Thank you for the opportunity to address the committee on the agency's anticipated deficiencies for fiscal year 2010.

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